

Lessons and challenges encountered by the start-up partnership between Switzerland and Bangladesh

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The Bangladesh Partner: GK



Gonoshasthaya Kendra – GK

(The People's Health Centre)

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2. **GK's key hygiene initiatives**, especially during covid-19 for ensuring safety and protection to the health staff and patient
3. **Expected benefits** of the **current partnership** with Switzerland

Project Background



Hygiene circumstances can prevent or worsen contagion and infection



Start-Up Project Overview



Data collection: WASH and ICP in hospitals

Methods:

- FDGs
- Observations (spot checks)
- Interviews (patients and health care personal / companions)

Areas / behaviors:

- Handwashing
- PPE
- Cleaning & disinfection / cleanliness of facilities & equipment
- Availability & functionality of resources & infrastructure
- Water type, availability & treatment
- Sanitation
- Waste disposal & management



Start-Up Project Objectives



Data collection tool development ✓

Data collection training and implementation ✓

Analyse the collected data

Prepare the next steps:

- Find expert partners for ICP and WASH in hospitals ✓
- Prepare programme application

Programme Objectives:

- Conjointly develop WASH and ICP behaviour change interventions
- GK to train and disseminate based on developed strategies



The Swiss Partner: Ranas Ltd.



Silvie Kraemer
Palacios

Silvie did her PhD in the behavior change group of Prof. Mosler at Eawag in 2009. Since then she has gathered extensive experience in projects with Eawag, the environmental ministry in Ecuador and various consultancies. Silvie cares about environmental behaviors as much as health behaviors and lives in Ecuador. Silvie is the managing director of Ranas Ltd.
-> [contact Silvie Palacios](#)



Andrea Tamas

Andrea did her PhD together with Silvie in the behavior change group of Prof. Mosler at Eawag in 2009. After her PhD, she has gathered extensive experience in project management, leadership, and communication by working in various management positions in higher education institutions in Switzerland. Andrea has been active in a wide range of professional networks worldwide. She is the communication and marketing specialist at Ranas Ltd.
-> [contact Andrea Tamas](#)



Max Friedrich

Max is Geo-Ecologist by training and holds a PhD in Environmental Sciences from the University of Tübingen, Germany. He has been working with the behavior change group of Prof. Mosler at Eawag since 2011 and since 2018 also for RanasMosler. He has applied the Ranas approach to a wide range of behaviors in Bangladesh, Vietnam, Zimbabwe, and India. Max manages knowledge and information at Ranas Ltd.
-> [contact Max Friedrich](#)



Miriam Harter

Miriam recently finalized her PhD in the behavior change group of Prof. Mosler at Eawag. She has worked in behavior change projects in Mozambique, Cambodia, Ghana, and Bangladesh. Miriam has a strong expertise in sanitation behaviors, especially in the Community Led Total Sanitation approach and assures the scientific background in our consultancy projects. Miriam oversees all projects and operations at Ranas Ltd.
-> [contact Miriam Harter](#)

**Our vision is to
improve health
and
environmental
conditions
through behavior
change.**



The consultancy has been created to:

consult national and international organizations in the sector of **sustainable development** in the field of **behavior change** and

cover the high demand for **research and capacity building** for social communication and behavior change globally.

Systematic behavior change with the RANAS approach is...

... based in theory.

meaning: The RANAS model is based in established psychological theories about behavior change.

... determined by data.

meaning: The RANAS methodology uses qualitative and quantitative data to create interventions adapted to the target group and culturally appropriate.

... based on evidence.

meaning: The RANAS behavior change techniques (BCTs) are validated through independent studies.

... evaluated.

meaning: RANAS projects include rigorous evaluations. Many projects have been published in peer-reviewed journals.

The RANAS approach has been used in over 30 countries



RANAS approach: Effectiveness in changing behavior



Country	Behavior	Change (control group)
Zimbabwe	Solar water disinfection (observed)	75% (10%)
Bangladesh	Use of arsenic free wells	65% (10%)
Ethiopia	Use of fluoride removing community filter	17% (-10%)
Uganda	Cleaning of shared toilets	30% (8%)
Zimbabwe	Handwashing frequency (observed)	28% (5%)
Zimbabwe	Handwashing technique (observed)	+ 2 steps (+ 0 steps)
Chad	Chlorination of drinking water	64% (42%)

Partnership Benefits:



Learn about ICP and WASH behavior change in hospitals

Create an adapted approach with local support

Disseminate methodology internationally to hospitals



Preliminary data



Some interesting findings from our analysis so far:

- Staff identified possible areas of improvement:
 - Adequate/sufficient availability and proper and regular cleaning and disinfecting of instruments and PPE
 - Facilities related to drinking water, sanitation, handwashing and disinfecting
 - Lack of skills and training
- Observations confirmed:
 - Lack of infrastructure
 - No educational materials
- Interviews show:
 - Lack of hygiene practices in staff, patients and their company

Further analysis: Behavioral factors

